

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS175AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/30/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>TOUCH OF LOVE 4</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>813 FAIRWAY DRIVE LAS VEGAS, NV 89107</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/30/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses Category I residents. The census at the time of the survey was five. Five resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A.  The following deficiencies were identified:	Y 000		
Y 885 SS=F	449.2742(9) Medication / Destruction  NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of	Y 885		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 898	Continued From page 2  Severity: 1      Scope: 3	Y 898		
Y 920 SS=E	<p>449.2748(1) Medication Storage</p> <p>NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>This Regulation is not met as evidenced by: Based on observation on 6/30/09, the facility failed to keep medications for 1 of 2 caregivers in a locked area (Employee #2). Medications for Employee #2 were unsecured in the medicine cabinet in the bathroom next to the laundry room</p> <p>Severity: 2      Scope: 2</p>	Y 920		

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